

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Wona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Legal	
POSITION General Counsel, VP Business Development		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street, 3rd Floor		TELEPHONE NUMBER (415) 396-9255	
CITY San Francisco		STATE CA		ZIP CODE 94107	

IRS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.556
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(4) MONTH/YEAR 1/13	(5) DATE	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
TIME										MILES	AMOUNT			
1/7	10:00	San Francisco			20.76	114.48						0.00	98.96 78.00	147.51 183.99
												0.00		0.00
1/9		San Francisco										0.00	31.43 31.00	31.43 31.00
1/10		San Francisco					40.69					0.00	40.69	72.69 72.69
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	20.76	114.48	40.69	0.00			112.65	0.00	0.00	251.63 288.58
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$ 251.63 \$ 288.58
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

1-7-13, Annual business meeting with Sangamo [REDACTED], lunch with [REDACTED] Roth's VC.
 1-7 to 1-10 Cabs for various meetings throughout San Francisco.
 1-10-13 Business meeting with David Earp [REDACTED]

AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE 1/10/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1/17/2013
TITLE and TITLE (See Item 17 on reverse)		DATE